

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

575676

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	/					
TOTAL DEP.	/	↓	↓	↓		
TOTAL CLAIMS	2					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓			
TOTAL DEP.		↓	↓	↓	
TOTAL CLAIMS					

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